

Please type a plus sign (+) inside this box → ☐



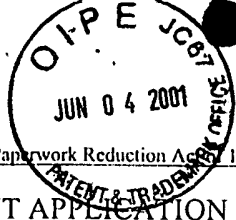
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PTO/SB/21 (08-00)

TECH CENTER 1600/2900

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 5px 0;">(to be used for all correspondence after initial filing)</p>		Application Number		09/743,818				
		Filing Date		April 26, 2001				
		First Named Inventor		Anthony Steven Weiss				
		Group Art Unit		1646				
		Examiner Name						
Total Number of Pages in this Submission		15		Attorney Docket Number		GHC11USA		
ENCLOSURES (check all that apply)								
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Response/Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund			<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Payment of Issue Fee <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 7 pgs. Preliminary Amendment C with 6 pgs. Appendix A - Pending Claims		
			Remarks:					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm or Individual Name		Cathy A. Kodroff, Esquire Howson and Howson						
Signature								
Date		5/30/01						
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>May 30, 2001</u>								
Typed or printed name		Debra N. Gerstemeier						
Signature					Date		5-30-2001	



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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

GHC11USA

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ <u>355</u>
x \$ <u>9</u> =	
x <u>40</u> =	
+ <u>135</u> =	

RATE	FEE
	\$ <u>710</u>
x \$ <u>18</u> =	
x <u>80</u> =	
+ <u>270</u> =	

* If the difference in column 1 is less than zero, enter "0" in column 2

TOTAL

OR

TOTAL

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ <u>9</u> =	
x <u>40</u> =	
+ <u>135</u> =	

RATE	ADDI- TIONAL FEE
x \$ <u>18</u> =	
x <u>80</u> =	
+ <u>270</u> =	

TOTAL

OR

TOTAL

ADDIT. FEE

ADDIT. FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ <u>9</u> =	
x <u>40</u> =	
+ <u>135</u> =	

RATE	ADDI- TIONAL FEE
x \$ <u>18</u> =	
x <u>80</u> =	
+ <u>270</u> =	

TOTAL

OR

TOTAL

ADDIT. FEE

ADDIT. FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* <u>44</u>	Minus	** <u>44</u>	= <u>0</u>
	Independent (37 CFR 1.16(b))	* <u>7</u>	Minus	*** <u>7</u>	= <u>0</u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ <u>9</u> =	
x <u>40</u> =	
+ <u>135</u> =	

RATE	ADDI- TIONAL FEE
x \$ <u>18</u> =	<u>0</u>
x <u>80</u> =	<u>0</u>
+ <u>270</u> =	<u>0</u>

TOTAL

OR

TOTAL

ADDIT. FEE

ADDIT. FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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